



# Clinical Congress News

The American College of Surgeons • 83rd Clinical Congress • October 12-17, 1997 • Chicago

## Surgeons have world at their fingertips

**T**he Regental Committee on Informatics sponsored a panel discussion yesterday morning to consider electronic access to clinical information. M. Michael Shabot, MD, FACS, a member of the committee, served as moderator. The multimedia session featured demonstrations of the latest computer technology available to surgeons for accessing and retrieving clinical data and patient information.

The first speaker was Clement J. McDonald, MD, co-director, Regenstrief Institute for Health Care, and professor of medicine at the University of Indiana, Indianapolis.

Dr. McDonald described a system for electronic access to clinical information and order entry that has been developed at the university. He out-

lined the types of information collected, including full-text dictation notes, records of inpatient/outpatient prescriptions, diagnoses, and outcomes.

Dr. McDonald spoke about the ubiquitous technology of the WEB browser, and demonstrated for attendees exactly how flowsheets for EKGs, radiology, and MRIs can be accessed quickly and comprehensively across a browser network.

Regarding order entry, Dr. McDonald illustrated the use of a lightweight (2 lbs.), voice-activated computer that can be folded up and placed into a lab coat pocket. This device offers easy access to a wide range of clinical information/data in a timely and cost-efficient manner.

The second speaker was James J.

Cimino, MD, associate professor, departments of medicine and medical informatics, Columbia University College of Physicians and Surgeons, New York, NY.

Dr. Cimino discussed accessing clinical information over the Internet and the World Wide Web. He visually demonstrated the practical use of a WEB server and components of the electronic medical record, including: frame-based graphical user interface, summary reporting of patient records, cross-patient displays of tests/results, order entry and prescription history, integration of on-line resources (such as Medline, Physicians' Desk Reference, Grateful Med), and physician/patient confidentiality measures.

The third speaker was Reed M. Gardner, PhD, chairman, medical informatics department, University of Utah, Salt Lake City. Dr. Gardner spoke on computerized decision support and its impact on patient outcomes.

He described the development of an integrated clinical database and its application to patient care. According to Dr. Gardner the three quality questions that need to be asked are, "Are we doing the right thing?" "Are we doing the thing right?" and "Are we doing the right thing first time, every time?"

He outlined a computerized support

system and its application to patient outcomes, using the examples of antibiotic process management and tracking adverse drug events.

The fourth speaker was David A. Krusch, MD, FACS, associate professor, department of surgery and medical informatics, University of Rochester (NY) School of Medicine and Dentistry, and Chair of the ACS Committee on Informatics.

Dr. Krusch spoke about the status of technological development regarding remote access to the office desktop system and its clinical data. "In 1997, the laptop computer remains the gold standard for telecommuting," he said. Connectivity options and attendant hardware, service providers, and remote control were discussed and illustrated for attendees via on-line displays.

Dr. Krusch noted that WEB publishing—whereby host office-based applications make their functionality available directly over the WEB by publishing their commands and screens in HTML (hypertext markup language)—represents the catalyst in a forthcoming "revolution" in remote connectivity.

Dr. Krusch also discussed the state of the art regarding specific remote access applications, including e-mail and file transfer.



The 1997 Surgeon's Award for Service to Safety was received this year by H. David Root, MD, FACS (second from left), whose landmark research on diagnostic peritoneal lavage provided surgeons with a more objective and accurate measurement than had previously been known for assessing injuries of the abdomen, thereby providing improved selection of patients for celiotomy following both blunt and penetrating truncal injury.

Dr. Root is professor and deputy chairman, surgery department, The University of Texas Health Science Center at San Antonio. He delivered this year's Scudder Oration on Trauma.

Presenting the award on Monday evening was Noel Bufe, PhD (right), of Northwestern University's Trauma Traffic Institute, and representing the National Safety Council. Drs. Root and Bufe were joined by Anthony A. Meyer, MD, FACS (left), immediate past-president of the American Association for the Surgery of Trauma, and John A. Weigelt, MD, FACS (second from right), chair of the College's Committee on Trauma.

## Cancer was taboo once, too

Although few subjects in today's society are considered too difficult or embarrassing to discuss—as was the topic of cancer well into this century—the topic of domestic violence remains such a subject at the end of the 20th century.

Today at 3:30 pm in McCormick Place, S100bc, domestic violence will be discussed as it applies to surgeons and others.

Recent statistics from the American Medical Association and the U.S. Bureau of Justice Statistics indicate that 1.3 million people were treated in 1994 for injuries resulting from confirmed violence. These statistics also indicate that victims often bypass the police to seek assistance, and physicians are often the first and only professionals who can identify and provide physical and emotional aid to these victims.

To that end, today's panel, moderated by Sylvia D. Campbell, MD, FACS, will explore the following areas of domestic violence: "The Unspoken Statistics," "The Life-Changing Events/The Legal Implications," and "One can Make a Difference."

According to Dr. Campbell, domestic violence knows no boundaries: victims are male and female, young and old, and wealthy and impoverished. The thread of continuity that connects this problem is that its victims are often hesitant to involve authorities, and believe themselves unable to "break the cycle" of abuse.

Dr. Campbell said that by recognizing injury patterns and circumstances of potential abuse, surgeons are in a position to reach out to and counsel such victims, who might otherwise remain unchampioned.

# History of surgery in the U.S. examined

**Y**esterday, four surgeon-historians gathered to discuss "Our Surgical Heritage: The Westward Expansion and Surgical Practice." Presenters were: George F. Sheldon, MD, FACS, Chapel Hill, NC; Seymour I. Schwartz, MD, FACS, President-Elect, Rochester, NY; F. W. Blaisdell, MD, FACS, Sacramento, CA; and Ira M. Rutkow, MD, FACS, Marlboro, NJ.

Dr. Sheldon discussed medicine and surgery in the Thirteen Colonies, and the significant influence of John and William Hunter on the early American schools of surgery. The Hunters, Dr. Sheldon said, promulgated the anatomical and intellectual method of training surgeons, which significantly influenced the early medical schools in the U.S.

Dr. Sheldon said that some of the Hunterian founders of U.S. medical schools along the eastern seaboard were: Philip Syng Physick, John Morgan, William Shippen, Nathan Smith, John Warren, Benjamin Rush, and John Beale Davidge.

The Hunterian influence was so profound in the U.S., he said, that when the first North American textbook on

surgery finally appeared in 1813, it contained over 50 references to John Hunter's techniques.

Dr. Schwartz then discussed the Ohio Valley Migration, specifically the years 1783 to 1861, which he considers the "most exciting and romantic period" in American surgery.

Four discoveries that Dr. Schwartz said contributed to U.S. surgery were the birth of abdominal surgery (E. McDowell), the birth of surgical physiology (W. Beaumont), the birth of modern gynecologic surgery (J. M. Simms), and the successful use of anesthesia by several physicians.

The third speaker, Dr. Blaisdell, discussed the changes ushered in by the Civil War. He said that most of the 360,000 deaths in the North and 260,000 in the South were caused not by wounds but by disease and infection. During this time, surgeons, particularly battlefield physicians, learned the value of applying the germ theory.

Describing the rather chaotic state of medicine at the time of the Civil War, Dr. Blaisdell pointed out that at the first major battle—Bull Run—there were no formalized organizations for evacuating and treating the wounded; the largest

military hospital was a 40-bed compound in Kansas.

By 1864, the newly appointed Surgeon General, J. Letterman had learned to successfully utilize field hospitals, compile statistical data, and universalize techniques for treating the wounded.

Finally, Dr. Rutkow discussed Manifest Destiny—the westward expansion. He described the various "players" in the early West: Native Americans, miners, railroad workers, ranchers, and settlers. Dr. Rutkow said that, because populations were few and far between at that time, physicians had to be adept at several duties besides medicine,

such as ranching, governmental positions, and exploration.

Also, Dr. Rutkow said, a "cure yourself" philosophy permeated the West, and many medical sideshows and other colorful quackery practices arose.

One interesting characteristic shared by many early U.S. surgeons, and illustrated by all of yesterday's speakers, is that they were multifaceted and inventive: as physicians, as researchers, as explorers, as governmental representatives, and so on. Early U.S. surgeons were "participants in all of the great events of the time," according to Dr. Sheldon.



## In this issue: Key Contact/Grassroots Network survey

For nearly a decade, the College has maintained a Key Contact Network of Fellows who have close ties to members of Congress. Over the years, these key contacts have allowed the College to gain access to legislators in Congress who serve in both leadership positions and on important health care committees that shape policy affecting our patients and the surgical community. Periodically, as the players change in Congress, the College reaches out to the Fellowship for new members to join the Key Contact Network.

Enclosed in this issue of the *Clinical Congress News* is a Key Contact/Grassroots Network questionnaire that we are asking Fellows who are known by legislators to complete and drop off at the Socioeconomic Affairs Department booth in the ACS Resource Center in the registration area of McCormick Place South, or mail to the College's Washington Office, 1640 Wisconsin Ave., NW, Washington, DC 20007.

The following companies have supported the Clinical Congress with advertisements in the Exhibit Guide section of this issue:

Appleton & Lange

Applied Medical Resources

BFW

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Davol, Inc.

Elsevier Science

Publishing Company, Inc.

Fischer Imaging Corporation

ME-92 Operations

MegaDyne Medical Products, Inc.

National Surgical Assistant Association

Whittemore Enterprises, Inc.

# Clinical Congress News

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Items of interest or information must be reported to the office of the *Clinical Congress News* by 11:30 am on the day preceding the desired day of publication.

## Allied Meetings

### Wednesday

#### Morning

##### Anesthesia Arts, Inc

6:30 am - 7:45 am. Breakfast.  
Hilton and Towers, lobby level,  
Continental A.

##### International Society of Surgery, US Chapter

6:45 am - 8:00 am. Breakfast.  
Hilton and Towers, 3rd floor, Williford B.

##### American Society of Colon and Rectal Surgeons-Cooperative Clinical Trials

7:00 am - 8:30 am. Breakfast.  
Hilton and Towers, 5th floor, 5H.

##### Association of Women Surgeons

7:00 am - 8:30 am. Breakfast.  
Hilton and Towers, 3rd floor, Marquette.

##### Mosby-Year Book, Inc

7:00 am - 9:00 am. Breakfast.  
Hilton and Towers, 3rd floor, Williford C.

##### Perspectives in Colon and Rectal Surgery Editorial Board

7:00 am - 11:00 am. Breakfast.  
Hilton and Towers, 3rd floor, PDR 5.

##### Surgical Spleen Club

7:30 am - 9:00 am. Breakfast.  
Hilton and Towers, 2nd floor, Boulevard A.

##### Tripler Surgery Program

11:00 am - 1:00 pm. Luncheon.  
Hilton and Towers, 3rd floor,  
Waldorf Room.

#### Afternoon

##### American Society of Colon and Rectal Surgeons-Residents Committee

12:00 pm - 1:30 pm. Luncheon.  
Hilton and Towers, 5th floor, 5F.

##### Central Surgical Association

12:00 pm - 3:00 pm. Luncheon.  
Hilton and Towers, 3rd floor, PDR 7.

##### American Society of Colon and Rectal Surgeons-RF Research Committee

4:00 pm - 6:00 pm. Meeting.  
Hilton and Towers, 5th floor, 5E.

#### Evening

##### ASCRS Reception for General Surgery Residents

5:00 pm - 6:30 pm. Reception.  
McCormick Place, Level 1, South, S106a.

##### Uniformed Services University Surgical Associates Military Reception

5:30 pm - 7:00 pm. Reception.  
Hilton and Towers, 3rd floor, Marquette.

##### University of Colorado Department of Surgery

5:30 pm - 7:30 pm. Reception.  
Hilton and Towers, 2nd floor, Boulevard A.

##### North Dakota Chapter, ACS

5:30 pm - 7:30 pm. Reception.  
Marriott, 5th floor, Scottsdale.

##### Case Western Reserve University

6:00 pm - 7:30 pm. Reception.  
Hilton and Towers, lobby level,  
Continental B.

##### University of Nebraska Medical Center

6:00 pm - 8:00 pm. Reception.  
Hilton and Towers, 2nd floor, Boulevard B.

##### Metropolitan Group Hospitals Residency In General Surgery

6:00 pm - 8:00 pm. Reception.  
Fairmont Hotel, Embassy International  
Ballroom

##### Society of Graduate Surgeons of USC/LAC

6:00 pm - 8:00 pm. Reception.  
Hilton and Towers, 3rd floor, Joliet.

##### North American Chinese Surgical Society

6:00 pm - 9:00 pm. Dinner meeting.  
Ginza Restaurant, 19 E. Ohio St.

##### Vermont Chapter, American College of Surgeons

6:15 pm - 7:45 pm. Reception.  
Hilton and Towers, 3rd floor, PDR 4.

##### Michigan State University

##### Department of Surgery

7:00 pm - 9:00 pm. Reception.  
Marriott, 6th floor, Michigan/  
Michigan State.

##### Matthew Walker Surgical Society of Meharry Medical College

7:00 pm - 10:00 pm. Reception/Dinner.  
Hilton and Towers, 3rd floor, Williford A.

### Thursday

#### Morning

##### American Society of Colon and Rectal Surgeons-Fecal Incontinence Group

7:00 am - 8:00 am. Breakfast.  
Hilton and Towers, 3rd floor, PDR 5.

##### SSAT Patient Care Committee

8:00 am - 12:00 pm. Breakfast.  
Hilton and Towers, 3rd floor, PDR 7.

#### Afternoon

##### American Society of Colon and Rectal Surgeons-Public Relations Committee

12:00 pm - 1:30 pm. Luncheon.  
Hilton and Towers, 5th floor, 5F.

##### American Society of Colon and Rectal Surgeons-Standards

1:30 pm - 5:00 pm. Meeting.  
Hilton and Towers, 3rd floor, PDR 5.

##### American Society of Colon and Rectal Surgeons-Regional Society Committee

4:00 pm - 5:00 pm. Meeting.  
Hilton and Towers, 3rd floor, PDR 6.

##### American Society of Colon and Rectal Surgeons-DC&R Editorial Board

4:00 pm - 6:00 pm. Meeting.  
Hilton and Towers, 2nd floor, Boulevard A.

### Friday

##### American Society of Colon and Rectal Surgeons - Pre Agenda/Council Meeting

3:00 pm. Meeting.  
Hilton and Towers, 3rd floor, Astoria Room.

##### American Society of Colon and Rectal Surgeons/Executive Council

7:00 pm - 8:00 pm. Dinner.  
Hilton and Towers, 3rd floor, PDR 1.

##### American Society of Colon and Rectal Surgeons/Executive Council

Meeting Saturday  
7:30 am - 3:00 pm. Breakfast.  
Hilton and Towers, 3rd floor, PDR 2.



At the annual Fellows Leadership Society luncheon on Monday, LaSalle D. Leffall, Jr., MD, FACS, Chair (left), presented a plaque of appreciation to Mr. Lewis Barrett, product director—anti-infectives, and Ms. Carol Jane, medical liaison, both of Wyeth-Ayerst Laboratories. The presentation was in appreciation for their support of the ACS scholarship program. Wyeth-Ayerst Laboratories of Philadelphia, PA, recently announced the sponsorship of the Resident Research Scholarship. The scholarship is offered to encourage residents to pursue careers in academic surgery and will be awarded for two years. The recipient of the award will be chosen during this year's Clinical Congress, with the research to take place between 1998 and 2000.

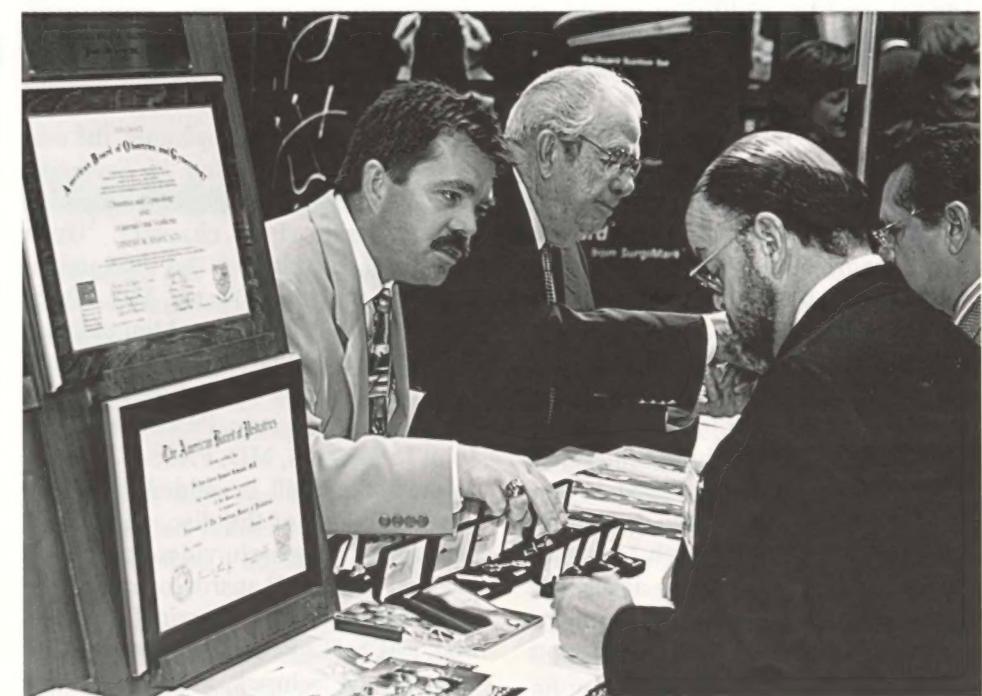
## Latin American Congress to be held in May 1998

The Sixth Latin American Congress of the American College of Surgeons will take place in Mexico City May 5-8, 1998. The Latin American chapters of the College convene this meeting every four years.

The scientific program will feature sessions on laparoscopic surgery, pediatric surgery, current status of neurological surgery, quality in surgery, the surgical management of trauma, infections, perspectives in critical patient care, and reconstruction of the traumatized patient.

Postgraduate courses scheduled for presentation are: Teaching Techniques for the Surgeon, by Octavio Ruiz Speare, MD, FACS; and Surgical Management of the Neck for General Surgeons, by J. Felipe Sánchez Marle, MD, FACS.

Further information about the congress may be obtained by contacting B.P. Servimed, S.A. de C.V., Insurgentes Sur 1188-507, Col. Del Valle, 03210 Mexico, D.F.; tel. 525/575-9931 or 525/575-9861, fax 525/559-9497.



With a 40-year ACS relationship established, Jim Henry, Inc., has become a staple of the Clinical Congress.

In booth #551 of the technical exhibit area, Fellows of the College can view the array of official ACS ties, jewelry, and other items that this family-run business offers.

Some of the most recent additions to the Jim Henry offerings are: ACS ties for men and women, blazer patches and buttons, special plaques and desk accessories, and a popular custom-designed ring with the ACS Seal.

Interested Fellows are encouraged to stop by booth #551, or contact Jim Henry, Inc., at their headquarters in St. Charles, IL (tel. 630/584-6500).



Medical students attending this year's Congress and members of the Committee on Surgical Education in Medical Schools gathered for a group picture on Sunday evening. Top row, left to right: Michael Stotzer, University of Illinois College of Medicine at Peoria; Steve J. Porter, Finch University of Health Sciences, Chicago (IL) Medical School; Brian C. Brauer, University of Missouri, Kansas School of Medicine, Kansas City; Sunil M. Prasad, University of Illinois College of Medicine, Chicago, IL; Jeffrey S. Gale, University of Iowa Faculty of Medicine, Ottawa, ON; Julian Spears, Dalhousie University Faculty of Medicine, Halifax, NS; Ravinder Dahiya, University of Massachusetts Medical School, Worcester, MA; Henry Nicholas Meiers III, University of Louisville (KY) School of Medicine; Walt Rooney, University of Cincinnati (OH) College of Medicine; Dr. Subrahmanian; Hank Vejvoda, Southern Illinois School of Medicine, Springfield; and Thomas G. Lynch, MD, FACS (committee member).

Third row: Jaimie Nathan, Yale University School of Medicine, New Haven, CT; Steven Chen, University of Michigan Medical School, Ann Arbor; Parvez Sultan, Brown University School of Medicine, Providence, RI; Matthew Buchanan, Ohio State University College of Medicine, Columbus; Reagan Quan, Boston (MA) University School of Medicine; Gorav Alawadi, Northwestern University Medical School, Chicago, IL; Richard Woolfson, University of Connecticut College of Medicine, Farmington; Marco Berard, Universite de Montreal (PQ) Faculty of Medicine, Montreal; Christopher D. Owens, Indiana University School of Medicine, Indianapolis; Caprice Christian, University of Chicago (IL) Pritzker School of Medicine; Alexandra Dresel, University of Wisconsin Medical School, Madison; Jasmine E. Malcolm, University of Minnesota Medical School, Minneapolis; and Curtis Jackson, University of Kentucky College of Medicine, Lexington.

Second row: Letitia Bridges, Washington University School of Medicine, St. Louis, MO; Jennifer Ann Wargo, Allegheny University School of Health Sciences, Philadelphia, PA; Pamela Joy Hodul, Loyola University of Chicago Stritch School of Medicine, Maywood, IL; Farah Nasser-Sharif, University of Toronto (ON) Faculty of Medicine; Lindy A. Hruska, University of Iowa College of Medicine, Iowa City; Wendy A. Price, Michigan State University College of Human Medicine, East Lansing; Christine Habib, Northeastern Ohio Universities College of Medicine, Rootstown; Amit N. Patel, Case Western Reserve University School of Medicine, Cleveland, OH; Donald Summers, St. Louis (MO) University School of Medicine; Jessica Murphy-Lavallee, McGill University Faculty of Medicine, Montreal, PQ; Jeffrey Klugman, Tufts University School of Medicine, Boston, MA; and Francine Vivoni Girod, University of Puerto Rico School of Medicine, San Juan.

Front row, committee members: Steven Todd Ruby, MD, FACS, Farmington, CT; Richard J. Gusberg, MD, FACS, New Haven, CT; Merrill T. Dayton, MD, FACS, Salt Lake City, UT; Kim U. Kahng, MD, FACS, Philadelphia, PA; Houston Johnson, Jr., MD, FACS, Sylvania, OH; Karen E. Deveney, MD, FACS, Portland, OR; Ronnie Ann Rosenthal, MD, FACS, New Haven, CT; and James Robert Macho, MD, FACS, San Francisco, CA.

## Scientific American Surgery adds video clips to CD-ROM

**S**ince late 1995, *Scientific American Surgery* (SAS)—the textbook published by Scientific American Medicine under the aegis of the American College of Surgeons—has been available not only as a two-volume loose-leaf textbook but also as a CD-ROM, a format that is proving to be increasingly popular among subscribers. From the beginning, the CD-ROM has included all of the information contained in the book, both textual and illustrative, as well as sophisticated search tools that make all of that information accessible within seconds. Now, however, the electronic version of SAS is adding a unique new feature of its own.

Mindful of the fact that electronic publishing formats have certain inherent capabilities that the standard book format does not, the SAS editorial board and the Scientific American staff have decided to take greater advantage of the CD-ROM format by adding video clips illustrating selected aspects of sur-

gical procedures. Accordingly, the current (fall 1997) edition of *Scientific American Surgery CD-ROM* contains video clips in three chapters: "Open Repair of Hernias of the Abdominal Wall," by George E. Wantz, MD, FACS; "Esophageal Procedures: Minimally Invasive Approaches," by Marco G. Patti, MD, and Carlos A. Pellegrini, MD, FACS; and "Gastric Procedures," by John L. Sawyers, MD, FACS.

More clips will be added in subsequent versions of the disc. Additional chapters for which video clips are planned include: "Laparoscopic Inguinal Herniorrhaphy," by Marvin J. Wexler, MD, FACS; "Colorectal Procedures," by Theodore R. Schrock, MD, FACS; "Intestinal Anastomosis," by Zane Cohen, MD, FRCSC; "Thyroid and Parathyroid Procedures," by Orlo H. Clark, MD, FACS, and Gregg Jossart, MD; "Anal Procedures," by Ira J. Kodner, MD, FACS; and "Thoracoscopy," by Valerie R. Rusch, MD, FACS.

Also noteworthy in the current *Sci-*

*entific American Surgery CD-ROM* is that the 17-chapter expansion program begun in 1995, which was designed to increase the book's coverage of operative technique and intraoperative (as opposed to perioperative) issues, has been completed. SAS is now a true comprehensive textbook for the modern general surgeon. In keeping with the continually evolving nature of the book, further improvements continue to be made as well. For example, in 1997, a new section on cost-effective nonemergency surgery was added. In addition, the entire trauma section is

now being thoroughly reorganized and revised, with new chapters commissioned from such noted trauma authorities as Kenneth L. Mattox, MD, FACS, David V. Feliciano, MD, FACS, Ernest E. Moore, Jr., MD, FACS, and Jack W. McAninch, MD, FACS.

The latest version of *Scientific American Surgery CD-ROM* is on display at Booth #667 on Publishers' Row in the technical exhibit area. Disks are available at the booth or may be ordered from Scientific American Medicine, Inc., 415 Madison Ave., New York, NY 10017; tel. 800/545-0554.

## Registration totals

As of Tuesday afternoon, total registration for the Clinical Congress was 15,323. Of that number, 7,890 were physicians and the rest were exhibitors, guests, spouses, or convention personnel.